

# Working Together To Build A Healthy Future



## The 2003 American Indian Health Care Delivery Plan

### *Executive Summary*



*American Indian Health Commission  
for Washington State*



*In collaboration with*



**The Northwest Portland Area Indian Health Board**



## Introduction

In recognition of the health disparities facing AI/ANs, Washington in 1995 enacted legislation requiring the Department of Health (DOH) to develop an American Indian Health Care Delivery Plan (AIHCDP).

Since its first publication in 1997, the AIHCDP and its subsequent updates have been the result of active collaboration between tribes, tribal organizations, and DOH. Through the auspices of the American Indian Health Commission for Washington State (AIHC), tribes have been the driving force in the report's contents and scope. The 2003 report, **Working Together To Build A Healthy Future**, is the latest such collaborative effort.

The AIHCDP must be viewed as an evolving framework to address health care issues affecting Washington's AI/AN population, and should be used as a starting point for continued dialogue with tribes and urban Indian health programs regarding their priorities and goals.

The AIHCDP has three main objectives. It is designed to:

- Show the health status of AI/ANs in Washington State using data to benchmark progress and identify areas in need of improvement
- Highlight successful tribal-state strategies for addressing health disparities in AI/AN populations
- Provide policy recommendations and objectives developed by tribes

## Health Status of AI/ANs in Washington State

The 2003 AIHCDP focuses on three main areas in its report on the health status of AI/ANs in Washington State – population characteristics, health outcome measures, and other factors contributing to health status. Key findings are summarized below.

### Population Characteristics

- The total AI/AN population in Washington is 112,006, making it the smallest racial group in the state (less than 2% of the population).
- The AI/AN population grew 27.4% between 1990 and 2000, 7.5% faster than the state population as a whole.
- The AI/AN population is forecasted to increase by 20% by 2005, to 134,000.
- Most AI/ANs live in Western Washington (72.4%), with 1/3 of the entire AI/AN population in King and Pierce counties.
- The gender split among AI/ANs in Washington is relatively equal, but there are more men than women in the 30- and younger groups and more women than men in the 31- and older groups.
- The AI/AN population is much younger than the rest of Washington's population.
- Families living on reservations are larger and more likely to be headed by single women.
- The median and per capita income of AI/ANs in Washington are lower, while poverty and unemployment are higher.
- The formal education attainment of AI/ANs in Washington is lower than the statewide population.
- Housing for AI/ANs living in Washington is more crowded, and there is a higher percentage of AI/AN homes without phone service.

- AI/ANs have the lowest insured rate of any racial and ethnic group in Washington.

#### Health Outcome Measures

- AI/ANs in Washington experience a disproportionately high mortality and morbidity burden compared to the general population, and the gap in the total age-adjusted death rate is not closing.
- Between 1999 and 2001, the average life expectancy of AI/ANs in Washington was 74.4 years, 3.9 years less than the statewide population.
- The age-adjusted mortality rates for AI/ANs due to stroke, chronic liver disease, diabetes, violence, suicide, and injury are higher than for the state as a whole.
- The AI/AN population has higher rates of several infectious diseases.
- Although infant mortality has improved in the past decade, pregnant AI/AN women delay prenatal care longer, are younger, and are more likely to smoke, which results in poorer birth outcomes.
- AI/AN children have poorer oral health than the state population as a whole.
- AI/ANs have a higher rate of obesity, and the obesity rate for AI/AN youth is increasing.
- Tobacco use among AI/ANs is high and likely increasing.
- Alcohol and substance abuse is a significant problem among AI/AN men, women, and youth, with death rates due to causes related to alcoholism substantially higher among AI/ANs than for the general population.

#### Other Factors

Limited access and funding gaps are contributing causes of the disproportionately poorer health status of AI/ANs in Washington State. Specific access issues include:

- Inability to pay for care and lack of insurance coverage
- Lack of geographically available services
- Not having a regular doctor
- Inadequate transportation
- Chronic underfunding of Indian Health Service (IHS) programs
- Lack of properly trained, culturally competent providers

### **Policy Priorities**

The AIHCDP discusses priorities identified at the 2002 Tribal Leaders Health Care Summit and endorsed through issue papers approved by the American Indian Health Commission for Washington State. It gives background information, specific policy recommendations, current status, and additional steps needed to achieve desired outcomes. Critical issue areas and key policy recommendations are highlighted below.

#### Government-to-Government Relations

- AIHC will work with agencies without Centennial Accord Plans to identify issues of mutual concern and to develop a Centennial Accord Plan.

- AIHC will review the Department of Social and Health Services' (DSHS) Centennial Accord Plan and Administrative Policy 7.01 relative to health programs to identify areas of mutual concern and to develop a workplan that includes quality assurance standards.
- AIHC will draft and seek enactment of legislation codifying the intent, process, and plans of the Centennial Accord for state programs and agencies responsible for health programs and policies.
- AIHC will work with tribes and the Association of Washington Tribes to include in each Centennial Accord Plan provisions to address a comprehensive educational effort promoting a better understanding of the government-to-government relationship and to develop quality assurance standards, and will work with the state to conduct such educational efforts.
- AIHC will work with tribes and the Association of Washington Tribes to encourage the development of tribal Centennial Accord Plans.
- Tribes will work with the state on a government-to-government basis to develop a list of legislative, administrative, and other barriers to full implementation of Centennial Accord Plans.

#### Behavioral Health

- AIHC, in partnership with DSHS and the Northwest Portland Area Indian Health Board (NPAIHB), will locate funding to establish a workgroup on behavioral health issues.
- AIHC will encourage the development and implementation of a statewide policy to address the comprehensive health care needs of AI/ANs in a systematic manner.
- AIHC will work to ensure that comprehensive state and federal behavioral health funding continues to be available to tribes in a manner that acknowledges the government-to-government relationship.
- AIHC will work to ensure that Regional Support Network (RSN) board composition reflects the patient population served by the DSHS Mental Health Division and will work to increase AI/AN representation on RSN boards.
- AIHC will work to ensure that federal and state guidelines and regulations authorize reimbursement of traditional treatment approaches.
- AIHC will work to ensure that the Office of the Superintendent of Public Instruction participates in a government-to-government relationship with tribes to address the behavioral health needs of AI/AN students, parents, and tribal communities.
- AIHC will work to ensure that tribes have direct, equitable access to all state-funded behavioral health services, especially for in-patient treatment.
- AIHC will work with the Office of the Insurance Commissioner to ensure third-party coverage of mental health services.
- AIHC will work with relevant state agencies to assist tribes in enhancing local prevention activities.

#### Public Health Capacity

- AIHC should work to ensure that tribes have funding for community health assessments.
- AIHC should renew discussions with DOH to develop a strategy or workplan to define tribal health jurisdiction and to build tribal health capacity.

- AIHC should develop model environmental health agreements for tribal/local health departments.
- AIHC should develop model tribal codes for environmental health and communicable diseases.
- AIHC will request that the state actively include tribes in electronic public health discussion groups and other communications, especially related to infectious disease outbreaks.
- AIHC will work to provide state resources for connectivity at a comparable level to local health departments and other health agencies.

#### Medicaid Funding and Access

- AIHC opposes Medicaid cuts affecting AI/ANs.
- AIHC will work to ensure that S-CHIP is implemented in a way that is accessible for AI/AN children and families.
- AIHC should review, comment, and follow the Medicaid waiver submitted by DSHS in 2002.
- AIHC should pursue discussions with the Medical Assistance Administration (MAA) about defining a consistent benefit package for AI/ANs.
- DSHS should create a tribal workgroup on Medicaid issues.

#### Uniform Benefits Package

- AIHC should work with MAA and the Centers for Medicare and Medicaid Services (CMS) to research possible avenues to preserve current Medicaid services for AI/ANs that maintain budget neutrality and provide a more stable financial environment for tribal health programs.
- AIHC should work with the State Board of Health and other groups to identify a uniform benefits package that is a list of effective, basic services that AI/ANs need to access in order to maintain personal health and preserve the public health.

#### Dental Health

- AIHC should work to improve access to and funding for dental care.
- AIHC should work to identify and inform tribes about state-level dental resources not currently accessed by tribes.

#### Managed Care

- AIHC supports a feasibility study on developing a Washington State AI/AN Health Plan.
- AIHC will work to seek full implementation of the Patient Bill of Rights to ensure that plans pay Indian health programs for services provided to their AI/AN enrollees.

#### Data Collection and Use

- AIHC will promote the NPAIHB EpiCenter as the clearinghouse for AI/AN research in Washington.
- AIHC will request that the state work with the EpiCenter to establish data sharing agreements with tribes for health and social service data.
- AIHC will request that the state provide information and technical assistance on the types of health data it has and how tribes may access it.

- AIHC will work to identify current issues and develop model tribal ordinances on AI/AN research and the IRB process.

### Tobacco

The 2003 AIHCDP provides an update on statewide tobacco cessation efforts and the distribution of settlement funds to tribes. It also describes the new DOH tribal tobacco training and technical assistance program subcontracted through the NPAIHB with the support of AIHC.

### Workforce Development

- DOH, in consultation with tribes, should conduct an assessment of health care workers needed for tribal health programs in the next ten years.
- AIHC and NPAIHB should collaborate with Washington health agencies and organizations to identify existing programs and opportunities that encourage workforce diversity and invite AI/ANs to explore health careers.
- AIHC and NPAIHB will work with tribes to foster the desire for tribal members to pursue health careers and to better link tribes with DOH efforts on this front.
- AIHC will work with tribes and Indian health organizations to support increased funding for existing health career pipeline programs for AI/AN youth.
- AIHC will work with tribes and the Washington Health Foundation on AI/AN health care workforce development and the promotion of cultural competency.

### Organizational Development of the American Indian Health Commission for Washington State

- Continued work on the AIHCDP should be funded.
- AIHC relations with the Board of Health, Governor's Office of Indian Affairs, Health Care Authority, Department of Health, Department of Social and Health Services, WA State Association of Local Public Health Officials, Office of the Insurance Commissioner, Region X DHHS, and Centers for Medicare and Medicaid Services should be expanded.
- DOH will work with NPAIHB and DOH to draft and distribute the 2003 AIHCDP.

### Federal Issues

The 2003 AIHCDP also touches on federal policies which determine the parameters under which several key state-administered health programs – particularly Medicaid and S-CHIP – operate. AIHC members, largely through the NPAIHB, are active in a number of areas that influence these federal policies.

## **Success Stories**

Interspersed throughout the 2003 AIHCDP are several success stories demonstrating innovations in the delivery of health care services to AI/ANs in Washington.

- The Port Gamble S'Klallam Tribe received the first IHS Director's award given to a tribal health care program.
- Colville tribal member Mel Tonasket was given Lifetime Achievement Award by the Washington Health Foundation.
- WACs implementing the Patient Bill of Rights ensure that private health plans reimburse Indian health programs for services they provide to insured AI/AN enrollees.

- Washington was the first state to implement contracts with federally recognized tribes to provide them with reimbursement through Medicaid Administrative Match (MAM), federal funding that supports the costs of assisting potential Medicaid beneficiaries to enroll and access Medicaid services.
- The Jamestown S’Klallam Tribe was given the Washington Health Foundation Innovations in Health Programs Award for its new approach to providing 100% access to health care for tribal members.
- As a result of discussions with tribes and tribal organizations, DOH adopted a tobacco settlement funding formula and distribution process that has helped to provide adequate base funding for both small and large tribes and that has produced a wide variety of successful local programs.

## Appendices

The 2003 AIHCDP also contains the following resources designed to serve as education and communication tools for state and tribal officials:

- 2002 Tribal Leaders Health Summit Issue Papers
  - ✓ Behavioral Health
  - ✓ Centennial Accord Plans Related To Health Care
  - ✓ Uniform Benefits
  - ✓ Workforce Development
- Tribal Contacts
  - ✓ Tribal Leaders
  - ✓ Tribal and Urban Indian Health Programs
- Tribal Health System Profiles
  - ✓ Tribal
  - ✓ Urban Indian Health Systems
  - ✓ Indian Organizations

## Copies of the 2003 American Indian Health Care Delivery Plan

The complete 127-page AIHCP can be downloaded through AIHC’s website at <http://www.aihc-wa.org/Issues/Issues.htm#delivery>. CD-ROM and paper copies may be requested by contacting AIHC via e-mail ([aihc@aihc-wa.org](mailto:aihc@aihc-wa.org)) or postal mail (American Indian Health Commission for Washington State, 1752 NW Market Street, Box 104, Seattle, WA 98107).